Dropout Reduction Strategies

Research-based Strategies to Promote Graduation and Reduce Dropouts

Adapted with permission from Mazin Education LLC

by the Wisconsin Department of Public Instruction for the Dropout Early Warning System (DEWS)

I. Systemic Issues

Systemic issues refer to issues that exist across the schools in a district and are related to community-wide or organizational issues. Please note that many of the dimensions and triggers considered to be more "systemic" may also apply at the building and/or individual level and, consequently, have <u>not</u> been listed twice.

Dimension	Research Literature	Data Triggers/Indicators/Insights	Why might this be a problem?	How could this be resolved?
Lack of identification. Poor, varied or nonexistent infrastructure for identification of students showing signs of academic, behavioral or emotional risk.	Within schools successfully implementing a tiered system of support model, approximately 10-15% of students are likely to require Tier 2 intervention & an additional 5-7% are likely to require Tier 3 intervention (Lane et al, 2009). That is, this is the expected distribution of at-risk & highneed students. Rtl Action Network (2014) reports that during the first few years of implementation, schools typically have 30-50% in tiered interventions (Tier 2 or 3 academic interventions). However, following successful implementation, 20-25% of students are typically in tiered academic interventions. A recent report by Achieve, Inc., argues there is enough information to conclude the most cost-effective way of preventing dropout is for local school systems to invest in the development of an "early warning system" of data collection upon which to base the development of interventions (Jerald, 2006).	 More than 15% of students in RtI Tiers 2 & 3 & more than 10% of those in Tier 2 are triggers that indicate there is likely an issue. Examine % of students in tiered services & level of risk & time of entry when they first receive services to see if there was a delay (e.g., did student show early signs of risk but was not put into services until year(s) later?). Compare the students in tiered services to their DEWS report. Are the subdomain flags consistent with the intervention services being provided? Are students at high academic risk receiving academic interventions? Have they also been subject to discipline or do they have poor attendance? Large proportion of the students are flagged as atrisk by DEWS are not in services & were not identified via other means. Great deal of variability across schools within a district in the % of students being identified & served. Great deal of variability across teachers/staff within schools in the extent to which they identify students in need of support. Disaggregate & do comparisons of students referred to & in services by area of risk (academics, behavior, attendance). Examples: Are only students showing signs of academic risk being identified? Are students with poor attendance being missed? Are students with repeated behavioral incidents not receiving services? 	 No ongoing monitoring & triangulation of risk data (attendance, behavioral, academic) to make datadriven decisions on student needs. No systematic infrastructure in place for identification of students at-risk (e.g., no policies/procedures/system to support identification & offer guidance). Related to this, teachers/school staff are not empowered to identify at-risk students. Entirely up to schools as to how/if they identify & serve students, which leads to variability & lack of consistent identification. Teachers/staff/administration are confused about how/when/where to identify students &/or are not knowledgeable of the signs of risk to look for. Fears of stigma, tracking or labeling. 	 Utilize existing data systems that help identify students at high risk of dropping out (IES What Works Clearinghouse Report on Dropout Prevention, 2008; Achieve Report, Jerald, 2006). Use DEWS data to: Identify incoming/existing students with histories of academic problems, truancy, behavioral problems,& retention. Monitor multiple risk dimensions continually (academic, social/emotional, behavioral, attendance, engagement). Review student level data to identify students atrisk of dropping out before key transition points (e.g., 8th & 9th grade). Professional development (PD) pertaining to signs of risk & what to look for. PD should be ongoing, structured, & deliberate (Batsche et al 2007; Peterson et al, 2007). PD should also include ongoing coaching & ample opportunities to practice new skills with feedback (Peterson et al, 2007). Strong leadership supportive of early identification of students in need. This includes person(s) who can provide clarity & reinforcement around goals (Chard & Harn, 2008), while providing necessary resources to achieve goals. Data-driven decision making: review & triangulate data regularly (i.e., periodically throughout the year for school-wide data) from different data sources (e.g., assessment data, YRBS, dropout, % of students receiving services).

		Data Triggers/ Indicators/	Why might this be	
Dimension	Research Literature	Insights	a problem?	How could this be resolved?
High at-risk population(s). Patterns emerge as to particular areas of risk in terms of domain(s) (behavioral, academic, emotional) & timing (when they first emerge, how long they go on for before something finally happens).	Poor academic performance is one of the most consistent predictors of dropout, whether measured through grades, test scores, or course failure (Alexander, Entwisle, & Kabbani, 2001; Battin-Pearson et al, 2000; Ensminger & Slusarcick, 1992; Rumberger, 2001; Wagner et al, 1993). It has been found to impact dropout starting in the 1st grade (Alexander et al, 2001) & continuing throughout elementary school (Lloyd, 1978), into middle school (Battin-Pearson et al, 2000; Cairns et al, 1989; Gleason & Dynarski, 2002; Ingels, Curtin, Kaufman, Alt, & Chen, 2002), & on into high school (Alexander et al, 2001; Ekstrom et al, 1986; Elliott & Voss, 1974; Gleason & Dynarski, 2002). Behavioral problems, including suspensions, formal reprimands for disruptive, distracting, or otherwise negative classroom behavior, have been found to be highly predictive of dropout (Archambault et al, 2009; Balfanz et al, 2007; Barry & Reschl, 2012; Gleason & Dynarski, 2002; Iver, 2011; Jerald, 2006; Neild & Balfanz, 2006). In a few studies, misbehavior as early as the 1st grade has been linked to dropout (Jimerson, Egeland, Sroufe, & Carlson, 2000). Rates of attendance are a strong predictor of dropout & are often the most consistent indicator throughout the students' academic career starting in the elementary grade levels (Allensworth & Easton, 2005; 2007; Gleason & Dynarski, 2002). Students report a lack of relevant high school curriculum as a main reason they drop out (Lehr et al, 2004) as well as courses being unrelated to work (Obasohan & Kortering, 1999).	 For a large % of students flagged in DEWS, academics, attendance, & behavior are significant predictors of dropping out of school. DEWS scores show patterns in terms of when such risk signs are starting to emerge (elementary, middle, & high school). Refer to DEWS supporting documents to understand the data underlying DEWS subdomains. 	Lack of student support system. Lack of strong leadership. Overly punitive discipline & consequences. Lack of family involvement. Poor school climate. Discrimination & equity issues. Lack of financial resources. Lack of quality curricula or educational programming. Lack of evidence-based prevention programs. Many other factors are identified in literature.	 Examine & alter school & district policies & procedures that are associated with dropout, such as attendance policies as they pertain to course completion, raising academic standards without providing associated supports, tracking, frequent use of suspension, etc. Undertake activities to foster home-school-community relationships (e.g., assign a liaison who is a consistent point of contact with parents throughout their child's education). Promote a supportive family environment - A common strategy is <i>family strengthening</i>. Family strengthening programs generally provide some type of education or training for parents on building parenting skills, family management, communication skills, or possible ways for parents or family members to help their child academically. Programs may also include some time for parents & children to work together to practice new skills (e.g., FAST/PreKFAST program). Multi-Tiered Systems of Support (MTSS) - MTSS combines both academic & behavioral factors into a system-wide support framework emphasizing the needs of the whole child. Like PBIS & Rti, it generally uses a 3-tiered model to identify at-risk students & connect them to services. Assign adult advocates to students at risk of dropping out. Choose adults who are committed to investing in the student's personal & academic success, keep caseloads low, & be purposeful in matching students with adult advocates. Establish a regular time in the school day or week for students to meet with the adult. Communicate with adult advocates about various obstacles the students may encounter train advocates on how to work with students, parents & school staff to address problems (Dynarski et al, 2008). Provide academic support & enrichment to improve academic performance. Implement the Rtl system. Use DPI resources for Rtl available at http://rtl.dpi.wi.gov/. Provide individual or small group support in test-taking skills, study skills, or targe

Dimension	Research Literature	Data Triggers/ Indicators/ Insights	Why might this be a problem?	How could this issue be resolved?
Lack of incidents being submitted (prevalence rates do not coincide). 1	Wisconsin school districts are required to adopt a district wide policy on bullying and staff are required to comply with the local policy related to bullying. DPI provides a model bullying policy as an example. Teachers, principals, & other school personnel are mandated by Wis. Stat. 118.07 to report child maltreatment. Research shows that students in safe & supportive environments, who are engaged in school & not distracted by hunger or health issues (e.g., cavities, asthma), learn better & achieve more. These students also develop knowledge & skills that develop them as healthy, responsible members of society (ASCD, 2005).	 Prevalence data & other sources of school & district level data show a clear discrepancy between the # of students who need or could benefit from services (those identified) and the # of students referred for such services. Examine & compare available prevalence data from different data sources with the actual number of concerns manually submitted (e.g., # & type of behavioral incidents recorded). For example: Look at data from the YRBS. What is the relative proportion of students (by level) who may have substance use issues? What proportion is struggling with depression or suicidal ideation? How does this compare with # of concerns & referrals being submitted & students being served? Look at school climate survey(s) &/or bullying survey(s) which may be part of bullying programs (e.g., Olweus). How do estimated prevalence rates compare with the number & type(s) of behavioral incidents or concerns being submitted or documented? Look at other contextual data such as community SES, housing rates, crime rates, etc. Great deal of variability within a district in the % of students being referred & served. Variability observed across DEWS subdomains, staff, schools, school levels (elementary, middle, high). For example, the elementary school building has 20% of students receiving schoolbased mental health services but the middle school it feeds into has < 5% of students receiving mental health services. Or, the middle school has numerous concerns & referrals submitted regarding self-harm (cutting) or substance use, but none occur at the high school. Examine how this relates to other school level data available (e.g., demographics, school-wide academic performance, dropouts). 	 Unconnected dots: Systems that only look at one aspect of a student (i.e., just behavior or just academics) miss patterns that are clear when we look at the whole student. Effective programs incorporate behavioral, social & emotional, & academic risk factors, so referrals are made to the right programs. "Not My Job": Many systems only designate a few key reporters in the referral process. Other staff members who interact with the student do not report problem behaviors or academic observations because they have not been empowered to do so. Gatekeeper Effects: Programs with access controlled by single gatekeepers may result in referrals that depend on how well the gatekeeper knows—or likes—the student. Administrative burden: Complicated paperwork & confusing referral processes make staff much less likely to initiate a referral. Process confusion: Staff do not know how to refer a student to a program or do not know what programs are available. Lack of faith in the system: "Nothing happens when I make a referral, so why bother?" Fear of consequences: Staff may fear that they will be responsible for solving a problem if they identify it. Or, they fear that zero-tolerance or other district policies will result in consequences that will harm the student. Misconception of FERPA & confidentiality issues. 	 Share the data – show referral submissions (or lack thereof) relative to the other data sources on prevalence. Hold discussions & find out the reasons why referrals are not being followed up on (see adjacent column for common reasons & concerns). Talk explicitly about barriers & determine next actions & steps accordingly. Consensus-building - Key stakeholders in the district & school should arrive at a consensus regarding the importance of connecting students to services. Create infrastructure that facilitates & supports the connection of students to services. The following are structures that school districts may consider (adapted from Averill & Rinaldi, 2011; Castillo et al, 2010): Recalibration of educator roles to support identification/referral; Identification of key district stakeholders whose primary focus will be on planning, implementation, & ongoing evaluation; Establishment of decision criteria; Identification of community & family resources & partnerships; Identification of a system-wide continuum of supports across each domain; Development of &/or alignment with district procedures, policies, & structures to promote common understanding & application of when & how referrals should be submitted; Establishment of a culture where it is everyone's responsibility to say something if there is a concern — "If you see something, say something. It's O.K. to be concerned about a child. Might be nothing or might be something major — your job is to refer, not diagnose." Embed an easy, timely, user-friendly process for submitting concerns that eliminates process confusion.

¹ For more information see Wis. Stat. 118.46 Policy on bullying; Wis. Stat. 118.295 Suicide intervention; civil liability exemption; Wis. Stat. 118.13 Pupil discrimination prohibited ² http://sspw.dpi.wi.gov/sites/default/files/imce/sspw/pdf/bullyingprogram.pdf

Examine students who had a major or extreme incident(s) (e.g., mental health breakdown, suicide attempt, threatening, aggressive) &/or were expelled/suspended. Had anyone noticed anything? Were there signs beforehand? Were there any concerns raised previously? Were they acted upon? Talk about the reasons as to why or why this may not have occurred. Note: Some law suits filed against schools are based on the claim that there were many signs (& staff noticed them), but nobody did anything. Track students receiving school counseling, entering & exiting treatment.	 Training & technical assistance to build capacity of all educators. Provide mental health gatekeeper training, including signs of risk.³ Discuss the relationship between discipline & support – especially as it relates to manifest behavioral incidents (that could often signify underlying issues) &/or substance use. Teachers/staff will be reluctant to refer students showing signs of a substance abuse issue if they feel that they will be dealt in a manner that will not help them. A large proportion of lifelong substance use issues begin in adolescence.⁴ Provide training & education on confidentiality & liability issues – that one may be as liable if one shows deliberate indifference & negligent failure to address issues that are apparent.⁵
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

³ http://sspw.dpi.wi.gov/sspw_mentalhealth

⁴ http://sspw.dpi.wi.gov/sspw_disciplineexpulsion and http://sspw.dpi.wi.gov/sspw_aodaprog

⁵ http://sspw.dpi.wi.gov/sspw_srconfid03 and http://wise.dpi.wi.gov/wise_studentdataprivacy

Dimension	Research Literature	Data Triggers/ Indicators/ Insights	Why might this be a problem?	How could this be resolved?
Lack of capacity to provide services (students do not have access).	Once a student has been identified, it is critical that students be connected with someone who is able to perform further evaluations &/or provide services. Unfortunately, research shows that this often fails to happen. For example, according to the results from a NIMH-funded survey (Merikangas et al, 2011), an estimated 2/3 of all young people with mental health problems are not receiving the help they need. Similarly, among the 8.5% of the population aged 12 to 17 who are in need of substance use treatment, approximately 92% did not receive specialty treatment (Han et al, 2011).	 Lack of follow-up by service providers with referred students. Patterns emerge across different service providers as to typical length of time between initial referral & contact or service(s) being provided. Long delays between initial referral & contact or service, if it occurs. Patterns emerge that there is nowhere to send (or poor service provision) for certain type(s) of students (e.g., adolescent substance abuse & inpatient treatment, if necessary) with specific types of needs. 	 Service provider waits for referral to contact them rather than reaching out. Inadequate # of service providers given the caseload – there is a long wait list. Access & resource issues (e.g., lack of funds, lack of collaboration with community providers).⁶ Lack of referral services & specialists trained in dealing with adolescent needs. 	 Use data on need & demand to obtain additional resources – from community, local area, state, grants, etc. Adjust concern/triage flow so that concerns are distributed more appropriately across different providers (sometimes they may not have known how many a single individual gets and then will make staffing adjustments so that certain types of concerns are sent elsewhere). Schools recognize & make use of the expertise of school mental health professionals, including the many in-school staff providing behavioral support & services to students & families, including school social workers, psychologists, counselors, & nurses. Schools also recognize the supportive behavioral health role that can be played by paraprofessionals & others, including the school secretary, bus drivers, classroom aides, & others. A School Support Team is embedded to plan, coordinate, & evaluate support programs and services. For efficiency & to minimize redundancy, schools are encouraged to use existing, well-functioning teams with coinciding goals for this purpose. Promote community-school partnerships to leverage service resources available outside of the school setting. Identify ways in which community service providers, state and local agencies, & other community resources (e.g., faith community, afterschool &/or recreation programs, colleges & universities, business partners) can help address services gaps. Schools facilitate access to such services & supports by establishing ongoing relationships with community-based service providers & by providing families with relevant information about community services.

⁶ For information about state requirements and potential assistance programs, see Wis. Stat. 115.365 Assistance to schools for suicide prevention programs; Wis. Stat. 115.368 Assistance to schools for protective behaviors programs; and Wis. Stat. 118.07(5) Health and safety requirements.

Dimension Research Literat	- management	Why might this be a problem?	How could this be resolved?
Lack of fidelity of implementation of support programs. Research suggests that educational change init due to a lack of cohesiv implementation (Sarasa Thus, there is a need to the extent to which crit components of support are being implemented fidelity & with long-terr (Averill & Rinaldi, 2011) Educators must identify critical elements of the & measure those elements of evaluate whether the has actually impacted so outcomes (Castillo et al.)	attendance issues are intensifying despite services being rendered. High non-completion rates for specific services, programs, or service providers. the program atts so as program udent	 Lack of ongoing monitoring of service impact. No systematic ongoing monitoring of signs of risk & patterns being exhibited among students – nor triangulation across the different areas (academic, behavioral, attendance). No follow-up or infrastructure to ensure that a designated person is responsible for monitoring progress of interventions & documenting such progress or lack thereof (e.g., lack of accountability). Poor fidelity of implementation – students are not getting the services they are supposed to or what people thought they were getting. The amount & type of services is not being administered with fidelity. Using "home-grown" or programs that are not scientifically-based. Insufficient intensity &/or type of services being provided given the needs of the student. 	 Embed a system & infrastructure for ongoing monitoring of service delivery & student progress, such as: Designate individual(s) responsible for monitoring progress; Document services rendered; Provide easily accessible reports to discern patterns in terms of behavior, attendance, academics, concerns; Engage in seamless communication so that service providers can get feedback from teachers/referring persons as to whether the student is exhibiting progress in class (e.g., they can ask as to whether the level of impact/concern has gone up or down); Share data with service providers/staff to discuss barriers to follow-up & alternative methods that can be used to promote better & more timely follow-up; & Consider service provider adjustments if information shows that there are service providers that have very poor statistics regarding following up in a timely manner (or at all), providing services, or excessively high rates of dropout from the program or non-completion. On a school-wide basis, schools should establish & use measurable goals & objectives to determine whether behavioral, climate, & academic initiatives, programs & services are successful. These may include improving attendance & graduation rates, decreasing office referrals, bullying incidents, suspensions & expulsions. Use evidence-based programs that have a proven track record of success – & obtain associated training for successful implementation.

⁷ For assistance and further information about state of Wisconsin programs see Wis. Stat. 118.13 Pupil discrimination prohibited; Wis. Stat. 118.153 Children at risk of not graduating from high school; Wis. Stat 118.16 School attendance enforcement; Wis. Stat. 118.17 Truancy committee and plan.

II. School Level Issues

School level issues refer to persistent issues across a large share of students in a school-grade cohort. These issues may be data-related, student-centered, or reflect communication and coordination challenges among teachers, leaders, and student services staff.

Dimension	Research Literature	Data Triggers/ Indicators/ Insights	Why might this be a problem?	How could this be resolved?
Identification of students showing signs of risk not occurring based upon multiple risk factors & domains.	Multiple risk factors are more predictive than any individual factor. A recent review of dropout indicators showed that composite scores representing a multiplicity of risk factors predicted better than a single risk factor (Bowers, Sprott & Taff, 2013). This is likely because students drop out for a multitude of reasons &, as such, it is important to have data from multiple domains that are predictive of at-risk (Suh et al, 2000). Behavior is indicative of poor engagement (with school, teachers, & peers) - poor engagement is strongly related to dropout & the process of disengagement from school starts very early in a students' academic career (Alexander, Entwisle, & Kabbani, 2001). Behavior, academics, mental health, & substance use are all strongly related to one another (Hawkins, Catalano, & Miller, 1992). Students at risk of aggression & violence to themselves or others usually exhibit repeated behavioral incidents, with increasing frequency & intensity for years before any extreme event occurs (Kupersmidt & Coie, 1990).	 Risk determinations are not occurring across multiple domains. Referrals are primarily being submitted for a single area (e.g., high number of behavioral incidents being reported but no academic concerns; or high number of academic-related concerns but few concerns being submitted in other areas). Comparison of % of students referred against school level data available (e.g., EWS risk flags, state assessments % below proficient, % of students with depressive symptoms) shows a gap in students being identified. 	 Lack of "whole child" culture at school & district (staff & administration do not buy into the idea that we need to address the needs of the whole child & not just any one part). Lack of understanding of the underlying patterns behind such behavior – these are often indicative of much broader issues such as mental health concerns or academic disengagement. 	 Use of tiered support services. Examples: Mentoring, FBA interventions, Behavioral contracts, (Lane et al, 2011), PBIS. Social-emotional Learning (SEL) embedded into curriculum (e.g., self-regulation, conflict resolution, etc.). Undertake activities to foster home-school-community relationships. Collaboration with families occurs where parents & families are included in all aspects of their children's education (e.g., assign a liaison who is a consistent point of contact with parents throughout their child's education). Professional development on risk factors, relationship between them, signs to look for, what they may be indicative of. Poor behavior does not mean the student is a "bad" kid – indicative of many other things & strongly related to academic performance, emotional/mental health (school & individual safety & well-being), etc. Actions to affect school climate & promotion of a supportive, caring school environment (multitude of literature on what promotes this, leadership, etc.). Personalize the learning environment & instructional process. Allow teachers/adults to know students better. Establish small learning communities. Provide individual assistance (both academic & behavioral). Establish team teaching. Create smaller classes. Create extended time in classroom through changes to the school schedule. Encourage student participation in extracurricular activities.

Dimension	Research Literature	Data triggers/ Indicators/ Insights	Why might this be a problem?	How could this be resolved?
Harsh school policies &/or disciplinary approach to behavioral issues.8	Criminalization of minor offenses, harsh attendance & behavioral policies (which can prevent students from completing courses) are related to dropout (Lee et al, 2011). Excessive use of suspensions & expulsions (anything that keeps a student out of school) is strongly related to dropout (Suh & Suh, 2011) & student becoming associated with criminal justice/probation system. Research has shown that administrators could save the equivalent of almost 16 days in a school year by not having to deal with office referrals & suspension issues (Scott & Barrett, 2004). Zero tolerance discipline policies that require automatic arrest & suspension or expulsion for substance possession or sales & weapons possessions also have the potential to impact dropout rates (Miller et al., 2005). In addition, these policies often result in a double dose of punishment for students, where they may get suspended or expelled & also are charged in court (Miller et al., 2005). Pressures to suspend, expel, or transfer students who misbehave or who are generally disruptive may also increase with the push for accountability & the use of high-stakes testing practices. Schools may systematically "discharge" or exclude disruptive & misbehaving students from school (Miller et al, 2005; Rumberger, 2001).	 Many of the students being flagged via DEWS have suspension as a risk indicator. School or district-wide suspension & expulsion rates are excessively high. Excessive rates of suspension. The median Wisconsin high school suspends 3.8% of students. The median Wisconsin middle school suspends 3% of students. Individual student(s) have numerous behavioral incidents (major & minor offenses, frequency) or a few students responsible for the vast majority of behavioral incidents. These students are being treated solely in a disciplinary fashion. 	 Punitive approach: Students being treated in a disciplinary manner rather than support-based approach. Students not being identified early enough (e.g., only identified when they do something "extreme" enough to results in suspension or expulsion). There were likely other "lesser" incidents before the major one. 	 Examine school policies in regards to disciplinary vs. support-based approach (e.g., referral to law enforcement, use of suspensions & expulsions, criminalization of minor offenses). Note that involvement with the court system is associated with dropout. At the very least it often involves students missing school, negatively influencing attendance & grades. Students may find they are "off track" for graduation. Data suggests that, frequently, youth targeted with appropriate & effective mental health services earlier may have avoided contact with the juvenile justice system & dropout (Miller & Sturgis, 2005). Embed support-based approaches such as: FBA intervention. Why are these behaviors occurring? Social-emotional learning (SEL) embedded into the curriculum (prevention & support-based approach). Tiered interventions – embed a system where students showing repeated behavioral incidents are referred for Tier 2 & 3 interventions.

 $^{^{\}rm 8}$ For more information see Wis. Stat. 118.164 Removal of pupils from class.

Dimension	Research Literature	Data Triggers/ Indicators/ Insights	Why might this be a problem?	How could this be resolved?
Transition issues, especially at 9 th grade. ⁹	9 th grade is a key transition year. At the end of the 9 th grade, students who do not have enough credits to progress to 10 th grade (on-track indicator), is strongly related to dropping out of school (Allensworth, & Easton, 2005; Alspaugh, 2000). The transition from 5 th to 6 th grade is also critical for students in school systems where students are moving from elementary to a middle school environment.	 High rates of % of 9th grade students who are off-track (e.g., have an insufficient number of credits to progress to 10th grade level). High DEWS risk for incoming 9th graders. High DEWS risk for incoming 6th graders. 	Factors associated with this include: Freshmen often do not understand that they must earn credits for promotion (Kerr, 2003); The turbulence that often characterizes the beginning of the school year in high schools—overcrowded classrooms, insufficient textbooks, incomplete rosters, schedule changes, & a revolving door of teachers increases the likelihood that ninth graders will fail courses (Weiss, 2001); High schools typically allow students greater independence than middle schools, resulting in greater opportunities for skipping class (Kerr, 2003); & There are strong pressures on students to find their place in a new social system (Nield et al, 2008).	 Constantly monitor progression of 9th grade students throughout year (not just at the end). Help students during the transition period from one school to another (e.g., STEP program). 9th grade transition activities: "Pre" 9th grade counseling & orientation activities. 9th grade peer groups & teacher mentors assigned; 9th grade academies (e.g., Link Crew).

 $^{^{9}}$ For more information see Wis. Stat. 118.33 High school graduation standards; criteria for promotion.

		Data Triggers/ Indicators/	Why might this be a	
Dimension	Research Literature	Insights	problem?	How could this be resolved?
Grade Retention ¹⁰	Beginning in 1 st grade, retention at any grade level has been found to adversely impact the chances that a student will drop out. What makes retention so powerful is that its effects are additive, where multiple retentions dramatically increase the odds that a student will drop out (Alexander et al, 2001; Cairns et al, 1989; Gleason & Dynarski, 2002).	High retention rates among students within schools.	 High retention rates can often be a sign of low academic preparedness by students. Harsh attendance policies can prevent students from completing courses or progressing – causing them to fall behind & give up. Poor identification at Tiers 2 & 3 (number of students identified/referred do not match with prevalence rates). Lack of support & counseling. Not a personalized environment. Ongoing data monitoring & support infrastructure not in place. 	 Examine attendance policies as they pertain to course completion. School policies associated with dropout to consider changing include raising academic standards without providing supports, tracking & frequent use of suspension. Examine course failure & completion rates, grade retention patterns. Where & when is it happening? Provide opportunities & incentive for credit recovery. Promote extracurricular participation – related to school engagement & prevention of dropout. Offer range of activities to appeal to different types of students. Recruit students who are disengaged – don't be passive & expect all students to initiate themselves. Smaller schools tend to have greater extracurricular participation, but if not feasible, provide activities to help personalize the learning community (e.g., smaller class sizes, small learning communities).
Poor School Climate ¹¹	A positive & supportive school environment reduces the prevalence of challenging, dangerous, & disrespectful behavior, resulting in better student attendance, attention, motivation, & consequently, better educational outcomes (including graduation rates). This type of school environment a) promotes behavioral health for all students, b) prevents problems through early intervention supports & services, & c) provides intensive intervention for students & crisis intervention for students with serious or acute needs (Christenson et al, 2000; Rosenthal, 1998; Rumberger, 1995; Christle, Jolivette, & Nelson, 2007; Jordan et al, 2006).	 Poor school climate as evidenced by school climate surveys, including but not limited to perceptions of: Feeling unsafe, Not feeling supported, Lack of clear behavioral expectations or recognition for good behavior, Negative interactions between students or between students or between students & teachers. Positive behaviors not recognized or there is a great deal of variability as to the extent to which positive behaviors are being recorded or recognized across teachers within a school, different schools, & different school levels (elementary, middle, high). 	 Lack of understanding, consensus as to factors contributing to a positive school climate including but not limited to clear behavioral expectations & recognition of positive behaviors. Lack of consistency & buy-in across staff in terms of behavioral expectations & policies related to response to positive behaviors. 	 Implement positive behavioral support programming (e.g., PBIS). Recognize student accomplishments. Create a structured environment that includes clear & equitably enforced behavioral expectations. Provide focused support & mentoring of teachers & schools showing inconsistent patterns. Provide professional development related to positive behavior supports, classroom management practices, policies, positive school climate, etc. Implement activities to promote a school climate & structure that fosters engagement, students' connections to school & sense of belonging to the community of students & staff (e.g., extracurricular participation, personalized learning environments).

For more information see Wis. Stat. 118.33 High school graduation standards; criteria for promotion. For more information see Wis. Stat. 118.13 Pupil discrimination prohibited; Wis. Stat. 118.46 Policy on bullying.

Dimension	Research Literature	Data Triggers/ Indicators/ Insights	Why might this be a problem?	How could this be resolved?
Variations in behavioral incidents (e.g., patterns, type, reporting). 12	A large proportion of bullying incidents are not reported (Lehr et al, 2004). As a result, educators are often unaware of the scope of bullying or behavioral problems, hindering efforts to base programs & policies on sound data (McCartney, 2005). The behavioral health of students has a major impact on their learning. Addressing behavioral health needs in a proactive manner - rather than a reactive or ineffective one - will enable schools to increase the resources available to promote educational goals (Webster-Stratton & Reid, 2003).	 Inconsistency across teachers/staff in terms of how behavioral incidents are being reported & addressed: Reports show a great deal of variability across teachers in terms of the frequency & type(s) of behavioral incidents reported, their description & interpretation of what constitutes a behavioral incident worth reporting (as well as what are major & minor offenses); Single or a few teachers responsible for the vast majority of office referrals; Variability across teachers/staff in how behavioral incidents are addressed. Behavioral incident patterns emerge: A large % of incidents are occurring at a certain location (e.g., bathrooms), time of day, types, etc. There is a decrease in office referrals, incidents occurring, etc. Note: when accurate data is first collected, behavioral incidents may go up, but that is an accurate baseline from which to monitor & celebrate progress. A small proportion of students are responsible for the vast majority of behavioral incidents occurring. Have these students been elevated to a concern? Have they received any support services or have they been dealt with only in a disciplinary manner? 	 Everyone left to their own devices & discretion behind the classroom doors & there is a lack of communication & consistency in regards to school level approaches. Lack of training on submission of behavioral incidents, process, definitions, etc. Barriers to the submission of behavioral incidents (e.g., only select individuals or office staff empowered to enter this information, so it does not happen at the time it occurs). Many bullying incidents can occur outside the classroom, on buses, at sporting events, on the playground, in locker rooms (Lehr et al, 2004). 	 Additional ongoing training, professional development & calibration amongst teachers on: definitions of behavioral incidents, what constitutes a major & minor offense, progressions of consequences & support & at what point an office referral is warranted. Note that this could very much be tied in with bullying programs in the school – bystander effect, what constitutes 'bullying', victims vs. perpetrators (not always clear cut, sometimes both, both can be signs of extreme distress). Individual teacher mentoring & team teaching to help provide support & develop classroom management skills. Embed a real-time, easy process for submission of incidents. Provide PBIS & associated professional development. Create a structured environment that includes clear & equitably enforced behavioral expectations. Involve & empower all school staff on the front lines with associated training so as to promote consistency: paraprofessionals, bus drivers, playground monitors, lunch staff, etc. Districts can consider their current data system's capacity to collect, track, analyze, & share data related to their behavioral outcome goals. Relevant data will allow districts to evaluate the effectiveness of programs, identify best practices, & drive the decision-making process. Additionally, districts can consider the internal structure, specifically personnel, needed to collect meaningful & accurate data.

¹² For more information see Wis. Stat. 118.13 Pupil discrimination prohibited; Wis. Stat. 118.46 Policy on bullying